

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DOUG LAMALFA COMMITTEE

ADDRESS (number and street)

2150 RIVER PLAZA DR., #150

Check if different  
than previously  
reported. (ACC)

SACRAMENTO

CA

95833

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00509422

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2015

through

M M / D D / Y Y Y Y  
12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Bauer

Signature of Treasurer

David Bauer

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 09 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DOUG LAMALFA COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	89006.00	282240.49
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	89006.00	281240.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	30421.15	158466.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1753.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	30421.15	156713.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	225160.97	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5665.41	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 56

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**DOUG LAMALFA COMMITTEE**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

49666.00

156174.50

(ii) Unitemized.....

11690.00

18140.00

(iii) TOTAL of contributions from individuals ▶

61356.00

174314.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

27650.00

107925.99

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

89006.00

282240.49

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

1753.28

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

89006.00

283993.77

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 56

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30421.15	158466.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	75000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	75000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	10000.00	17150.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	40421.15	251616.34

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	176576.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	89006.00
25. SUBTOTAL (add Line 23 and Line 24).....	265582.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40421.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	225160.97

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Joseph Raeder</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>05</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		05		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		05		2015									
Mailing Address 705 Owens St.		<b>Transaction ID : INCA3304</b>											
City ROCKVILLE	State MD	Zip Code 20850	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
FEC ID number of contributing federal political committee. C													
Name of Employer The Ferguson Group	Occupation Consultant												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>								500.00				
					500.00								

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>. Seneca Nation of Indians</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		09		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		09		2015									
Mailing Address P.O. Box 231		<b>Transaction ID : INCA3322</b>											
City SALAMANCA	State NY	Zip Code 14779	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>						2700.00				
					2700.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Sovereign nation	Occupation Indian tribe												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2700.00</td> </tr> </table>								2700.00				
					2700.00								

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Diane Anderson</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		21		2015									
Mailing Address 3 Shalimar Ct.		<b>Transaction ID : INCA3325</b>											
City Chico	State CA	Zip Code 95928	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>						1000.00				
					1000.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Desa Design	Occupation Farmer												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>								1000.00				
					1000.00								

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>4200.00</td> </tr> </table>						4200.00
					4200.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Michael Kaufman</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
10		22		2015										
Mailing Address P.O. Box 1152			<b>Transaction ID : INCA3327</b>											
City Orland	State CA	Zip Code 95963	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00									
FEC ID number of contributing federal political committee. C		Name of Employer Animal Blood Bank												
Occupation CFO		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>								1000.00				
					1000.00									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)														
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Morris Keeney</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		27		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
10		27		2015										
Mailing Address 2243 Durham Dayton Hwy			<b>Transaction ID : INCA3335</b>											
City Durham	State CA	Zip Code 95938	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00				
					1000.00									
FEC ID number of contributing federal political committee. C		Name of Employer Keeney & Son												
Occupation Farmer		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>								1000.00				
					1000.00									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)														
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Thomas W. Ellis</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
10		29		2015										
Mailing Address P.O. Box 6			<b>Transaction ID : INCA3349</b>											
City Grimes	State CA	Zip Code 95950	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>150.00</td> </tr> </table>							150.00				
					150.00									
FEC ID number of contributing federal political committee. C		Name of Employer Self-Employed												
Occupation Farmer		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>300.00</td> </tr> </table>								300.00				
					300.00									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)														
<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5"></td> <td>2150.00</td> </tr> </table>							2150.00				
					2150.00									
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Yvonne Koehnen</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015	
Mailing Address 3191 Hiway 45			<b>Transaction ID : INCA3344</b>	
City Glenn	State CA	Zip Code 95943	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer retired		Occupation retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1800.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Gayle Leland</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015	
Mailing Address P.O. Box 549			<b>Transaction ID : INCA3348</b>	
City Durham	State CA	Zip Code 95938	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Doris Moss</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015	
Mailing Address 495 Jefferson Drive			<b>Transaction ID : INCA3345</b>	
City Mount Shasta	State CA	Zip Code 96067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer n/a		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1350.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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PAGE 8 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Gneal Trevethan</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
11		02		2015										
Mailing Address P.O. Box 667			<b>Transaction ID : INCA3354</b>											
City	State	Zip Code												
Pleasant Grove	CA	95668												
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>		200.00									
200.00														
Name of Employer Self		Occupation Farmer												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">400.00</td> </tr> </table>	400.00											
400.00														

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cleve Baker</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		03		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
11		03		2015										
Mailing Address 600 Del Oro Street			<b>Transaction ID : INCA3364</b>											
City	State	Zip Code												
Woodland	CA	95695												
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">100.00</td> </tr> </table>		100.00									
100.00														
Name of Employer n/a		Occupation retired												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">300.00</td> </tr> </table>	300.00											
300.00														

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>S F BUD CALDWELL</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		03		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
11		03		2015										
Mailing Address 3305 NEAL RD.			<b>Transaction ID : INCA3383</b>											
City	State	Zip Code												
Paradise	CA	95969												
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>		1000.00									
1000.00														
Name of Employer NORTHGATE PETROLEUM		Occupation BUSINESS OWNER												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">1000.00</td> </tr> </table>	1000.00											
1000.00														

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">1300.00</td> </tr> </table>		1300.00				
1300.00									
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Mark Chrisman**

Mailing Address 736 Waterford Dr.

City

CHICO

State

CA

Zip Code

95973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthy Solutions Insurance

Occupation

Owner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : INCA3363

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JOHN HARRIS**

Mailing Address 23300 W OAKLAND

City

Coalinga

State

CA

Zip Code

93210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARRIS FARMS, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : INCA3368

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Frank Schmidbau3r**

Mailing Address P.O. Box 131

City

Weaverville

State

CA

Zip Code

96093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity River Lumber

Occupation

Owner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

Transaction ID : INCA3365

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

WILLIAM WALLACE

A.

Mailing Address 908 PENDLETON WAY

PO BOX 1009

City

Arbuckle

State

CA

Zip Code

95912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF - WILLIAM WALLACE

Occupation

FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : INCA3362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Scott Yuill

B.

Mailing Address 2337 Clubhouse Drive

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott Yuill Ins. &amp; Fin. Svcs., Inc.

Occupation

Ins. &amp; Fin. Svcs. Agcy Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : INCA3386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JACK BABER

C.

Mailing Address 736 11TH. ST.

City

Colusa

State

CA

Zip Code

95932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED - JACK BABER

Occupation

FARMING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : INCA3398

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jan Bartlett

Mailing Address 2222 Archer Avenue

City

Live Oak

State

CA

Zip Code

95953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Pump

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : INCA3399

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bonnie Bayles

Mailing Address 1111 California Street

City

Gridley

State

CA

Zip Code

95948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self - Bonnie Bayles

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : INCA3402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ernestine Chambers

Mailing Address 293 East Gridley Road

City

Gridley

State

CA

Zip Code

95948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : INCA3396

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**William Hay Jr.**

Mailing Address P.O. Box 205

City

POINT ARENA

State

CA

Zip Code

95468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

X-Bar Ranch

Occupation

Rancher

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : INCA3393

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Daniel Lowry**

Mailing Address P.O. Box 520

City

ALTURAS

State

CA

Zip Code

96101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SX Ranch

Occupation

Rancher

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : INCA3405

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**June Morford**

Mailing Address 99 Sterling Oaks Dr.

City

CHICO

State

CA

Zip Code

95928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

Not employed

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : INCA3397

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Mary Miller****A.**

Mailing Address 44108 Countryside Drive

City

Lancaster

State

CA

Zip Code

93536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

**Transaction ID : INCA3410**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Norman Nielsen****B.**

Mailing Address 12 Donner Ln

City

Chico

State

CA

Zip Code

95928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chico Electrical

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

**Transaction ID : INCA3412**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Julie Minerva****C.**

Mailing Address 915 E St., NW, #1201

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manatt, Phelps

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : INCA3416**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**CAROLE SOUTHAM****A.**

Mailing Address 1749 COUNTY RD. Y

City

Butte City

State

CA

Zip Code

95920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF - CAROLE SOUTHAM

Occupation

FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : INCA3425**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Stan Spring****B.**

Mailing Address 500 Borge Ct.

City

ROSEVILLE

State

CA

Zip Code

95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oro Dam Auto Center

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : INCA3420**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Thane Young****C.**

Mailing Address 606 A St. SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Van Scoyoc Associates

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : INCA3417**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**JoAnn Stuke Diethrich**

Mailing Address 1463 Highway 99

City

Gridley

State

CA

Zip Code

95948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

**Transaction ID : INCA3430**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Elden Maynard**

Mailing Address 3311 Brandywine Dr.

City

Yuba City

State

CA

Zip Code

95993

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
Not employed

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

**Transaction ID : INCA3428**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**Teresa Cordi**

Mailing Address 10401 Ingram Lane

City

Live Oak

State

CA

Zip Code

95953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yuba City Unified Schools

Occupation

NCLB Literacy Coach

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2541.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2015

**Transaction ID : NONA3534**

Amount of Each Receipt this Period

2316.00

Wine for fundraiser

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3466.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Samuel Nevis****A.**

Mailing Address P.O. Box 3775

City

Yuba City

State

CA

Zip Code

95992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farming

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : INCA3440**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**John Winther****B.**

Mailing Address 12 El Sereno

City

Orinda

State

CA

Zip Code

94563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : INCA3442**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**CHARLES CRAIN JR.****C.**

Mailing Address 10695 DECKER AVE.

City

Los Molinos

State

CA

Zip Code

96055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crain OrchardsOccupation  
Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

**Transaction ID : INCA3455**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Kerry Crain

A.

Mailing Address 23830 Bray Ave.

City

RED BLUFF

State

CA

Zip Code

96080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crain Ranch

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : INCA3456

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Leland H. McCorkle

B.

Mailing Address 2470 County Road WW

City

Glenn

State

CA

Zip Code

95943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McCorkle Farms

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : INCA3450

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Thomas G. Sanford

C.

Mailing Address 660 Ohio Street

City

Gridley

State

CA

Zip Code

95948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harris, Sanford and Hamman

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : INCA3459

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015	
Mailing Address 6151 Franklin Rd		<b>Transaction ID : INCA3462</b>	
City Yuba City	State CA	Zip Code 95993	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cleve Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015	
Mailing Address 600 Del Oro Street		<b>Transaction ID : INCA3489</b>	
City Woodland	State CA	Zip Code 95695	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Donald Bransford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015	
Mailing Address P.O. Box 809		<b>Transaction ID : INCA3475</b>	
City Colusa	State CA	Zip Code 95932	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mitchel Brown</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2015		
Mailing Address 210 Melrose Dr.			<b>Transaction ID : INCA3500</b>		
City	State	Zip Code			
Oroville	CA	95966			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00		
Name of Employer City of Oroville		Occupation Police Chief			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Terry Cleland</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2015		
Mailing Address 98 Rock Creek Rd.			<b>Transaction ID : INCA3497</b>		
City	State	Zip Code			
CHICO	CA	95973			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00		
Name of Employer n/a		Occupation Best efforts letter sent 11/17/15			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>William Halldin</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2015		
Mailing Address 4804 Tenbury Court			<b>Transaction ID : INCA3501</b>		
City	State	Zip Code			
Rocklin	CA	95677			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00		
Name of Employer Halldin Public Relations Inc.		Occupation Small Business Owner			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			850.00		
<b>TOTAL</b> This Period (last page this line number only).....					

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Lisa Koehnen****A.**

Mailing Address 3100 State Highway 45

City

Glenn

State

CA

Zip Code

95943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Lisa Koehnen

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : INCA3486**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**Nancy Kraemer****B.**

Mailing Address 343 Bell Way

City

Orland

State

CA

Zip Code

95963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kraemer &amp; Co. Mfg.

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : INCA3505**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**Lynette Leishman****C.**

Mailing Address 2176 W. Biggs Gridley Rd.

City

GRIDLEY

State

CA

Zip Code

95948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sundial Farms

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : INCA3499**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Grant Lundberg**

Mailing Address 1251 Oroville Chico Hwy

City

Durham

State

CA

Zip Code

95938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wehah Farms, Inc

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Homer Lundberg**

Mailing Address P.O. Box 382

City

Richvale

State

CA

Zip Code

95974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3508

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Susan Lundberg**

Mailing Address 145 Summit Ave.

City

Oroville

State

CA

Zip Code

95966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Richard Marshall**

Mailing Address P.O. Box 187

City

Fort Jones

State

CA

Zip Code

96032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

Transaction ID : INCA3485

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**GAIL MOFFITT**

Mailing Address 2770 LARKIN RD.

City

Biggs

State

CA

Zip Code

95917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-GAIL MOFFITT

Occupation  
FARMER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

Transaction ID : INCA3503

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Michael Morris**

Mailing Address P.O. Box 1464

City

YUBA CITY

State

CA

Zip Code

95992

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Buttes Business Svc.

Occupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
11 17 2015

Transaction ID : INCA3510

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Gurnam Pamma**

Mailing Address 9850 Sheldon Avenue

City

Live Oak

State

CA

Zip Code

95953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3482

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Nicole Peterson**

Mailing Address P.O. Box 598

City

Durham

State

CA

Zip Code

95938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Agriculture

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**William Vaughn**

Mailing Address 732 E. Hillcrest Ave.

City

YUBA CITY

State

CA

Zip Code

95991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

Best efforts letter sent 11/17/15

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3493

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Kerry Billiou

A.

Mailing Address P.O. Box 765

City

HAMILTON CITY

State

CA

Zip Code

95951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : INCA3528

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Michael Billiou

B.

Mailing Address P. O. Box 765

8090 COUNTY ROAD 19

City

Hamilton City

State

CA

Zip Code

95951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : INCA3527

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Eugene Fenn

C.

Mailing Address P.O. Box 335

City

DURHAM

State

CA

Zip Code

95938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Farmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : INCA3529

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Sean Fenn</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		25		2015									
Mailing Address P.O. Box 644		<b>Transaction ID : INCA3530</b>											
City DURHAM	State CA	Zip Code 95938	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>						250.00				
					250.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Sean Fenn Ranch	Occupation Farmer												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>								250.00				
					250.00								

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Tod Kimmelshue</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		25		2015									
Mailing Address 8610 Harvest Lane		<b>Transaction ID : INCA3525</b>											
City Durham	State CA	Zip Code 95938	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>						250.00				
					250.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Northern CA Farm Credit	Occupation President												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>600.00</td> </tr> </table>								600.00				
					600.00								

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Julie Koehnen</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		25		2015									
Mailing Address 8150 County Road 31		<b>Transaction ID : INCA3526</b>											
City Glenn	State CA	Zip Code 95943	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>						1000.00				
					1000.00								
FEC ID number of contributing federal political committee. C													
Name of Employer CF Koehnen & Sons, Inc.	Occupation Beekeeper												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>								1000.00				
					1000.00								

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>1500.00</td> </tr> </table>						1500.00
					1500.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Reason Farms**

Mailing Address 6368 South Township Road

City State Zip Code  
 Yuba City CA 95993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Partnership

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 04 2015

Transaction ID : INCA3548

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**BOB AMAREL JR.**

Mailing Address 6368 SO. TOWNSHIP RD.

City State Zip Code  
 Yuba City CA 95993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
PARTNER

REASON FARMS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 04 2015

Transaction ID : IDTA288

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**JOHN AMAREL**

Mailing Address 6368 SO. TOWNSHIP RD.

City State Zip Code  
 Yuba City CA 95993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
PARTNER

REASON FARMS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 04 2015

Transaction ID : IDTA289

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

SEAN V. DOHERTY FARMS

A.

Mailing Address 7917 County Line Rd.

City

Dunnigan

State

CA

Zip Code

95937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
unincorporatedOccupation  
Partnership

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

Transaction ID : INCA3549

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MELISSA DOHERTY

B.

Mailing Address PO BOX 770

City

Dunnigan

State

CA

Zip Code

95937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEAN V. DOHERTY FARMS

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

Transaction ID : IDTA291

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

SEAN DOHERTY

C.

Mailing Address PO BOX 770

City

Dunnigan

State

CA

Zip Code

95937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEAN V. DOHERTY FARMS

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

Transaction ID : IDTA290

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

Stuart Hanson

Mailing Address 1425 Falcon Pointe Lane

City

Roseville

State

CA

Zip Code

95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law Offices of Stuart A Hanson

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : INCA3554

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

. Suquamish Indian Tribe

Mailing Address P.O. Box 767

City

SUQUAMISH

State

WA

Zip Code

98392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sovereign nation

Occupation

Indian tribe

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : INCA3560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

. SAN MANUEL BAND OF MISSION IND

Mailing Address 3699 WILSHIRE BLVD., STE. 1290

City

Los Angeles

State

CA

Zip Code

90010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIAN TRIBE

Occupation

SOVEREIGN NATION

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : INCA3566

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**. SAN MANUEL BAND OF MISSION IND**

Mailing Address 3699 WILSHIRE BLVD., STE. 1290

City

Los Angeles

State

CA

Zip Code

90010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIAN TRIBE

Occupation

SOVEREIGN NATION

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : INCA3565

Amount of Each Receipt this Period

2700.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2700.00

49666.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 56

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**People for Enterprise, Trade & Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Ln.

City

ALEXANDRIA

State

VA

Zip Code

22306

FEC ID number of contributing  
federal political committee.**C** C00363770

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

**Transaction ID : INCA3309**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**LAND O'LAKES, INC., PAC**

Mailing Address P.O. BOX 64101

City

St. Paul

State

MN

Zip Code

55164

FEC ID number of contributing  
federal political committee.**C** C00009423

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

**Transaction ID : INCA3321**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Connelly for District 1**

Mailing Address P. O. Box 30

5490 DEBBY AVE.

City

Oroville

State

CA

Zip Code

95965

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

**Transaction ID : INCA3361**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....

3600.00

**TOTAL** This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SA11C

Transaction ID : INCA3361

Funds from permissible sources

Form/Schedule:

Transaction ID:





Diagram illustrating a 1D lattice with 6 sites. The sites are labeled 11a, 11b, 11c, 11d, 12, 13a, 13b, 14, and 15. Site 11c is marked with an 'X' in the top box, indicating a defect or excitation.

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

FEC Schedule A (Form 3) (Revised 02/2009)

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**Lehigh Hanson, Inc. PAC**

Mailing Address 300 E. John Carpenter Fwy

City

IRVING

State

TX

Zip Code

75062

FEC ID number of contributing  
federal political committee.

C C00493270

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3512

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**MDU RESOURCES GROUP GOOD GOVERNMENT FUND**

Mailing Address PO BOX 5650

City

BISMARCK

State

ND

Zip Code

58506

FEC ID number of contributing  
federal political committee.

C C00163253

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3511

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Rain & Hail Insurance Society PAC**

Mailing Address 9200 Northpark Dr., #300

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C C00413567

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA3491

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 56

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PG&amp;E Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address 77 Beale St.		<b>Transaction ID : INCA3524</b>	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C C00177469			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3750.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Blue Diamond Growers PAC</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2015	
Mailing Address 1802 C St.		<b>Transaction ID : INCA3543</b>	
City SACRAMENTO	State CA	Zip Code 95814	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00080135			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CREDIT UNION LEGISLATIVE ACTION COUNCIL (CULAC THE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2015	
Mailing Address 601 PENNSYLVANIA AVE. NW SOUTH BUI		<b>Transaction ID : INCA3546</b>	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00007880			
Name of Employer	Occupation		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE PAC

A.

Mailing Address 51 MADISON AVE., ROOM 1109

City

NEW YORK

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

C C00158881

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : INCA3545

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Society of Independent Gasoline Marketers of America (SIGMA) PAC

B.

Mailing Address 3930 Pender Dr. #340

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C C00120030

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : INCA3547

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FARM PAC

C.

Mailing Address 2300 RIVER PLAZA DR.

City

Sacramento

State

CA

Zip Code

95833

FEC ID number of contributing  
federal political committee.

C C00041954

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : INCA3557

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 37 OF 56

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DOUG LAMALFA COMMITTEE

Full Name (Last, First, Middle Initial)

A. Graphic Packaging Int'l., Inc. PAC

Mailing Address 1500 Riveredge Pkwy #100

City

ATLANTA

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.

C C00282566

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

Transaction ID : INCA3558

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City

Cordova

State

TN

Zip Code

38088

FEC ID number of contributing  
federal political committee.

C C00023028

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		16		2015

Transaction ID : INCA3559

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Specialty Equipment Market Assoc. Federal PAC

Mailing Address 1575 S. Valley Vista Dr.

City

DIAMOND BAR

State

CA

Zip Code

91765

FEC ID number of contributing  
federal political committee.

C C00389403

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		29		2015

Transaction ID : INCA3567

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

27650.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Chase Card Services**

Mailing Address P.O. Box 94014

City	State	Zip Code
Palatine	IL	60094

Purpose of Disbursement  
Credit card payment

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

2144.23

Transaction ID : EXPB3303

**B. Capitol Hill Club**

Mailing Address 300 1st St. SE

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
Meeting

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

198.71

Transaction ID : EDTB103EXPB3303

[MEMO ITEM]

**C. Calif. Republican Party**

Mailing Address 1903 W. Magnolia

City	State	Zip Code
Burbank	CA	95973

Purpose of Disbursement  
Membership dues

001

Candidate Name

**Calif. Republican Party**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

190.00

Transaction ID : EDTB104EXPB3303

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

2144.23

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cato Institute**

Mailing Address 1000 Massachusetts Ave. NW

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

423.44
--------

Transaction ID : EDTB105EXPB3303

**[MEMO ITEM]****B. Southwest Airlines**

Mailing Address Sacramento Int'l Airport

City	State	Zip Code
Sacramento	CA	95837

Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

484.00
--------

Transaction ID : EDTB106EXPB3303

**[MEMO ITEM]****C. Anaheim Marriott**

Mailing Address 700 W. Convention Way

City	State	Zip Code
Anaheim	CA	92802

Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Amount of Each Disbursement this Period

848.08
--------

Transaction ID : EDTB107EXPB3303

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Public Square Partners**

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Fundraising consulting

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

2814.60

Transaction ID : EXPB3302

**B. Verizon Wireless**

Mailing Address P. O. Box 660108

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement  
Phone svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

206.43

Transaction ID : EXPB3315

**C. Public Square Partners**

Mailing Address 1127 11th St., #548

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Fundraising event

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

4516.74

Transaction ID : EXPB3317

**SUBTOTAL** of Disbursements This Page (optional).....

7537.77

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address P. O. Box 537104

City	State	Zip Code
Atlanta	GA	30353

Purpose of Disbursement  
Phone svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

124.74
--------

Transaction ID : EXPB3328

**B. David Bauer**

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
Sacramento	CA	95833

Purpose of Disbursement  
Accounting svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : EXPB3329

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

131.00
--------

Transaction ID : EXPB3331

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

555.74

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Chico Chamber of Commerce**

Mailing Address P.O. Box 3300

City	State	Zip Code
CHICO	CA	95927

Purpose of Disbursement  
Dues

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : EXPB3330

**B. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

13.50
-------

Transaction ID : EXPB3356

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

86.00
-------

Transaction ID : EXPB3357

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

349.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Chase Card Services**

Mailing Address P.O. Box 94014

City	State	Zip Code
Palatine	IL	60094

Purpose of Disbursement  
Credit card payment

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

508.24
--------

Transaction ID : EXPB3352

**B. Capitol Hill Club**

Mailing Address 300 1st St. SE

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
Fundraising event

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

508.24
--------

Transaction ID : EDTB109EXPB3352

[MEMO ITEM]

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2015

Amount of Each Disbursement this Period

13.50
-------

Transaction ID : EXPB3358

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

521.74

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Public Square Partners**

Mailing Address 1127 11th St., #548

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

4737.88
---------

Purpose of Disbursement  
Fundraising consulting and expenses

003

Transaction ID : EXPB3355

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

13.50
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EXPB3433

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

16.75
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EXPB3434

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4768.13

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P. O. Box 660108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

City	State	Zip Code
Dallas	TX	75266

Amount of Each Disbursement this Period

206.73
--------

Purpose of Disbursement  
Phone svc.

001

**Transaction ID : EXPB3387**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

66.50
-------

Purpose of Disbursement  
Merchant fee

001

**Transaction ID : EXPB3435**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Teresa Cordi**

Mailing Address 10401 Ingram Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

City	State	Zip Code
Live Oak	CA	95953

Amount of Each Disbursement this Period

2316.00
---------

Purpose of Disbursement  
Wine for fundraiserCategory/  
Type**Transaction ID : NONB3534**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2589.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2015

Amount of Each Disbursement this Period

82.75

Transaction ID : EXPB3476

**B. David Bauer**

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
Sacramento	CA	95833

Purpose of Disbursement  
Accounting svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

428.79

Transaction ID : EXPB3468

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Merchant fee

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

79.00

Transaction ID : EXPB3477

**SUBTOTAL** of Disbursements This Page (optional).....

590.54

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		16		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EXPB3520

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

26.50
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EXPB3521

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

73.00
-------

Purpose of Disbursement  
Merchant fee

001

Transaction ID : EXPB3522

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

139.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

73.00
-------

Purpose of Disbursement  
Merchant fee

001

**Transaction ID : EXPB3552**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. AT&T Mobility**

Mailing Address P. O. Box 537104

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

City	State	Zip Code
Atlanta	GA	30353

Amount of Each Disbursement this Period

124.74
--------

Purpose of Disbursement  
Phone svc.

001

**Transaction ID : EXPB3532**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Chase Card Services**

Mailing Address P.O. Box 94014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
Palatine	IL	60094

Amount of Each Disbursement this Period

4176.31
---------

Purpose of Disbursement  
Credit card payment

003

**Transaction ID : EXPB3533**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

4374.05

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Capitol Host - Ridgewell's**

Mailing Address Rayburn House Office Bld. Rm. B 33

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
Catering

003

Amount of Each Disbursement this Period

536.20
--------

Transaction ID : EDTB111EXPB3533

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Carmine's Restaurant**

Mailing Address 427 7th St. NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
Catering

003

Amount of Each Disbursement this Period

1695.38
---------

Transaction ID : EDTB112EXPB3533

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Capitol Hill Club**

Mailing Address 300 1st St. SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement  
Fundraising event

003

Amount of Each Disbursement this Period

995.10
--------

Transaction ID : EDTB114EXPB3533

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. House Gift Shop**

Mailing Address House of Representatives

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
Gifts for visitors

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

93.55
-------

Transaction ID : EDTB113EXPB3533

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. House Gift Shop**

Mailing Address House of Representatives

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
Gifts for fundraiser

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

691.60
--------

Transaction ID : EDTB115EXPB3533

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. CORDI WINERY**

Mailing Address 10401 INGRAM LN.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

City	State	Zip Code
LIVE OAK	CA	95953

Purpose of Disbursement  
Wine for fundraiser

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1251.30
---------

Transaction ID : EXPB3535

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1251.30
---------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dave's Party Rentals**

Mailing Address 2531 South 5th Avenue

City	State	Zip Code
Oroville	CA	95965

Purpose of Disbursement  
Equipment rental

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

2725.36

Transaction ID : EXPB3536

**B. MERIDITH LAVY**

Mailing Address 69 W. RIO BONITO

City	State	Zip Code
Biggs	CA	95917

Purpose of Disbursement  
Food for fundraiser

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

327.16

Transaction ID : EXPB3538

**c. C&C Smart Foods**

Mailing Address 930 Mangrove Ave.

City	State	Zip Code
CHICO	CA	95926

Purpose of Disbursement  
Food for fundraiser

003

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

327.16

Transaction ID : PDTB55EXPB3538

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

3052.52

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Congressional Institute**

Mailing Address 1700 Diagonal Rd., #730

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

853.00
--------

Purpose of Disbursement  
Conference

001

**Transaction ID : EXPB3541**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address P. O. Box 660108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2015

City	State	Zip Code
Dallas	TX	75266

Amount of Each Disbursement this Period

206.75
--------

Purpose of Disbursement  
Phone svc.

001

**Transaction ID : EXPB3550**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 1225 8TH ST. #425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

65.50
-------

Purpose of Disbursement  
Merchant fee

001

**Transaction ID : EXPB3563**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1125.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address P. O. Box 537104

City	State	Zip Code
Atlanta	GA	30353

Purpose of Disbursement  
Phone svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	17	/	2015

Amount of Each Disbursement this Period

796.27
--------

Transaction ID : EXPB3562

**B. David Bauer**

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
Sacramento	CA	95833

Purpose of Disbursement  
Accounting svc.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	17	/	2015

Amount of Each Disbursement this Period

669.30
--------

Transaction ID : EXPB3561

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

796.27

29795.77

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 56

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Mailing Address 320 First St., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Transfer unneeded funds

008

Category/  
Type

Candidate Name

**National Republican Congressio**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

6000.00
---------

Transaction ID : EXPB3359

**B. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement  
Contribution for general 2016

011

Category/  
Type

Candidate Name

**Jeff Denham**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: CA

District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : EXPB3466

**c. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jeff Denham**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: CA

District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : EXPB3467

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 56

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Valadao for Congress**

Mailing Address 5132 N. Palm Ave. #227

City	State	Zip Code
FRESNO	CA	93704

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**David Valadao**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : EXPB3464

Full Name (Last, First, Middle Initial)

**B. Valadao for Congress**

Mailing Address 5132 N. Palm Ave. #227

City	State	Zip Code
FRESNO	CA	93704

Purpose of Disbursement  
Contribution for general 2016

011

Category/  
Type

Candidate Name

**David Valadao**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : EXPB3465

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

10000.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 56 OF 56

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Public Square Partners**

Nature of Debt (Purpose):

Fundraising event

Mailing Address 1127 11th St., #548

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

4516.74

Transaction ID : PAYD3316

Amount Incurred This Period

0.00

Payment This Period

4516.74

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Public Square Partners**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING AND  
EXPENSES

Mailing Address 1127 11th St., #548

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD3568

Amount Incurred This Period

5665.41

Payment This Period

0.00

Outstanding Balance at Close of This Period

5665.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5665.41

2) **TOTALS** This Period (last page this line number only) ..... ▶

5665.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5665.41